| <i>*</i> * | |
|---------------------------------|--|
| Application Data Sheet | |
| Application Information | |
| Application number:: | |
| Filing Date:: | 06/22/05 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | METHODS AND COMPOSITIONS OF ECDYSOZOAN MOLT INHIBITION |
| Attorney Docket Number:: | 00786/436002 |
| Request of Early Publication?:: | No |
| Request of Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | Yes |
| Petition Included?:: | |

Petition Type::

Licensed US Govt. Agency::

| Contract or Grant Numbers:: | |
|---|------------------|
| Secrecy Order in Parent Appl.?:: | |
| | |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Gary |
| Middle Name:: | |
| Family Name:: | Ruvkun |
| Name Suffix:: | |
| City of Residence:: | Newton |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 120 Herrick Road |
| City of mailing address:: | Newton |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02459 |
| | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Alison |
| Middle Name:: | |

Family Name::

Frand

Name Suffix::

City of Residence::

Cambridge

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

97 Brookline Street, Unit 2

City of mailing address::

Cambridge

State or Province of mailing address::

MA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 02139

Correspondence Information

Correspondence Customer Number:

21559

Representative Information

Representative Customer Number::

21559

Domestic Priority Information

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application National stage of

PCT/US2003/041788 12/31/03

an application claiming the

60/437,235

12/31/02

benefit under 35 USC 119(e)

Assignee Information

Assignee name::

The General Hospital Corporation

Street of mailing address::

55 Fruit Street

City of mailing address::

Boston

State of Province of mailing address::

Massachusetts

Country of mailing address::

United States

Postal or Zip Code of mailing address::

02114